

how to access them; describing the range of benefits covered under these programs and how to obtain them. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples of activities reported under this code:

1. Informing families about wellness programs and how to access these programs.
2. Scheduling and promoting activities that educate individuals about the benefits of healthy life-styles and practices.
3. Conducting general health education programs or campaigns that address life-style changes in the general population (e.g., dental prevention, anti-smoking, alcohol reduction, etc.).
4. Conducting outreach campaigns that encourage persons to access social, educational, legal or other services not covered by Medicaid.
5. Assisting in early identification of children with special medical/dental/mental health needs through various child find activities.
6. Outreach activities in support of programs that are 100 percent funded by state general revenue.
7. Developing outreach materials such as brochures or handbooks for these programs.
8. Distributing outreach materials regarding the benefits and availability of these programs.

CODE 1.b. Medicaid Outreach (All Staff) – TM/50 Percent FFP

This code should be selected when school staff is performing activities that inform eligible or potentially eligible individuals about Medicaid and how to access the program. Such activities include bringing potential eligible into the Medicaid system for the purpose of the eligibility process. Outreach may only be conducted for the populations served by the LEA, i.e., students and their parents or guardians. The following are examples of activities that are considered Medicaid outreach:

Examples of activities reported under this code:

1. Informing Medicaid eligible and potential Medicaid eligible children and families about the benefits and availability of services provided by Medicaid (including preventive treatment, and screening) including services provided through the EPSDT program.
2. Developing and/or compiling materials to inform individuals about the Medicaid program (including EPSDT) and how and where to obtain those benefits. Note: This activity should not be used when Medicaid-related materials are already available to the schools (such as through the Medicaid agency). As appropriate, school developed outreach materials should have prior approval of the Medicaid agency.
3. Distributing literature about the benefits, eligibility requirements, and availability of the Medicaid program, including EPSDT.
4. Assisting the Medicaid agency to fulfill the outreach objectives of the Medicaid program by informing individuals, students and their families about health resources available through the Medicaid program.
5. Providing information about Medicaid EPSDT screening (e.g., dental, vision) in schools that will help identify medical conditions that can be corrected or improved by services offered through the Medicaid program.
6. Contacting pregnant and parenting teenagers about the availability of Medicaid prenatal, and well baby care programs and services.
7. Providing information regarding Medicaid CAROLINA ACCESS / managed care programs and health plans to individuals and families and how to access that system.
8. Encouraging families to access medical/dental/mental health services provided by the Medicaid program.

CODE 2.a. Facilitating Application for Non-Medicaid Programs (All Staff) - U

TN No. 08-010

Supersedes

TN No. None

Approval Date _____

Effective Date: 9/15/08

This code should be selected when school staff is informing an individual or family about programs such as: Temporary Assistance for Needy Families (TANF), Food Stamps, Women, Infants, and Children (WIC), day care, legal aid, and other social or educational programs and referring them to the appropriate agency to make application.

Examples of activities reported under this code:

1. Explaining the eligibility process for non-Medicaid programs, including IDEA.
2. Assisting the individual or family collect/gather information and documents for the non-Medicaid program application.
3. Assisting the individual or family in completing the application, including necessary translation activities.
4. Developing and verifying initial and continuing eligibility for the Free and Reduced Lunch Program.
5. Developing and verifying initial and continuing eligibility for non-Medicaid programs.
6. Providing necessary forms and packaging all forms in preparation for the non-Medicaid eligibility determination.

CODE 2.b. Facilitating Medicaid Eligibility Determination (All Staff) – TM/50 Percent FFP

This code should be selected when school staff is assisting an individual in the Medicaid eligibility process. Include related paperwork, clerical activities, or staff travel required to perform these activities. This activity does not include the actual determination of Medicaid eligibility.

Examples of activities reported under this code:

1. Verifying an individual's current Medicaid eligibility status for purposes of the Medicaid eligibility process.
2. Explaining Medicaid eligibility rules and the Medicaid eligibility process to prospective applicants.
3. Assisting individuals or families to complete a Medicaid eligibility application.
4. Gathering information related to the application and eligibility determination for an individual, including resource information and third party liability (TPL) information, as a prelude to submitting a formal Medicaid application.
5. Providing necessary forms and packaging all forms in preparation for the Medicaid eligibility determination.
6. Referring an individual or family to the local Assistance Office to make application for Medicaid benefits.
7. Assisting the individual or family in collecting/gathering required information and documents for the Medicaid application.
8. Participating as a Medicaid eligibility outreach outstation, but does not include determining eligibility.

CODE 3. School-Related and Educational Activities - U

This code should be selected for school-related activities, including social services, educational services, teaching services, employment and job training, and other activities, that are not Medicaid-related. These activities include the development, coordination, and monitoring of a student's education plan. Include related paperwork, clerical activities, or staff travel required to perform these activities.

Examples of activities reported under this code:

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1. Providing classroom instruction (including lesson planning).
 2. Testing, correcting papers.
 3. Developing, coordinating, and monitoring the Individualized Education Program (IEP) for a student, which includes ensuring annual reviews of the IEP are conducted, parental sign-offs are obtained, and the actual IEP meetings with the parents. (If appropriate, this would also refer to the same activities performed in support of an Individualized Family Service Plan (IFSP).)
 4. Compiling attendance reports.
 5. Performing activities that are specific to instructional, curriculum, and student-focused areas.
 6. Reviewing the education record for students who are new to the school district.
 7. Providing general supervision of students (e.g., playground, lunchroom).
 8. Monitoring student academic achievement.
 9. Providing individualized instruction (e.g., math concepts) to a special education student.
 10. Conducting external relations related to school educational issues/matters.
 11. Compiling report cards.
 12. Carrying out discipline.
 13. Performing clerical activities specific to instructional or curriculum areas.
 14. Activities related to the educational aspects of meeting immunization requirements for school attendance.
 15. Compiling, preparing, and reviewing reports on textbooks or attendance.
 16. Enrolling new students or obtaining registration information.
 17. Conferring with students or parents about discipline, academic matters or other school related issues.
 18. Evaluating curriculum and instructional services, policies, and procedures.
 19. Participating in or presenting training related to curriculum or instruction (e.g., language arts workshop, computer instruction).
 20. Translating an academic test for a student.

CODE 4.a. Direct Medical Services – Not Covered as IDEA/IEP Service (FFS – Non IEP)

This code should be selected when school district staff (employees or contract staff) is providing direct client care services that are not IDEA and/or not IEP services. This code includes the provision of all non IDEA/IEP medical services reimbursed through Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services. This code includes pre and post activities associated with the actual delivery of the direct client care services, e.g., paperwork or staff travel required to perform these services.

Examples of activities reported under this code:

All non IDEA and/or non-IEP direct client care services as follows:

1. Providing health/mental health services.
2. Conducting medical/health assessments/evaluations and diagnostic testing and preparing related reports.
3. Providing personal aide services.
4. Performing developmental assessments.
5. Developing a treatment plan (medical plan of care) for a student if provided as a medical service.
6. Performing routine or mandated child health screens including but not limited to vision, hearing, dental, scoliosis, and EPSDT screens.
7. Administering first aid or prescribed injection or medication to a student.
8. Providing counseling services to treat health, mental health, or substance abuse conditions.
9. Making referrals for and/or coordinating medical or physical examinations and necessary medical evaluations as a result of a direct medical service.
10. Immunizations and performance of routine or education agency mandated child health screens to the student enrollment, such as vision, hearing and scoliosis screens.

CODE 4.b. Direct Medical Services – Covered as IDEA/IEP Service (FFS – IEP)

This code should be selected when school district staff (employees or contracted staff) provides direct client services as covered services delivered by school districts under the Direct Care or FFS Program. These direct client services may be delivered to an individual and/or group in order to ameliorate a specific condition and are performed in the presence of the student(s). This code includes the provision of all IDEA/IEP medical (i.e. health-related) services. It also includes functions performed pre and post of the actual direct client services (when the student may not be present), for example, paperwork, or staff travel directly related to the direct client services. Note, some of the following activities may be subject to the free care principle:

Examples of activities reported under this code:

All IDEA/IEP direct client services with the Student/Client present including:

- Providing health/mental health services as covered in the student's IEP.
- Conducting medical/health assessments/evaluations and diagnostic testing and preparing related reports as covered in the student's IEP.

This includes:

1. Audiologist services including evaluation and therapy services (only if included in the student's IEP).
2. Physical Therapy services and evaluations (only if included in the student's IEP).
3. Occupational Therapy services and evaluations (only if included in the student's IEP).
4. Speech Language Therapy and evaluations (only if included in the student's IEP).
5. Psychological services, including evaluations and assessment (only if included in the student's IEP), [The assessment services are not in the client's IEP because assessments are performed before the student's IEP is developed.]
6. Counseling services, including therapy services (only if included in the student's IEP).
7. Nursing services and evaluations (only if included in the student's IEP), including skilled nursing services on the IEP and time spent administering/monitoring medication only if it is included as part of an IEP and documented in the IEP.

This code also includes pre and post time directly related to providing direct client care services when the student/client is not present. Examples of pre and post time activities when the student/client is not present include: time to complete all paperwork related to the specific direct client care service, such as preparation of progress notes, translation of session notes, review of evaluation testing/observation, planning activities for the therapy session, travel to/from the therapy session, or completion of billing activities.

General Examples that are considered pre and post time:

1. Pre and post activities associated with physical therapy services, for example, time to build a customized standing frame for a student or time to modify a student's wheelchair desk for improved freedom of movement for the client.
2. Pre and post activities associated with speech language pathology services, for example, preparing lessons for a client to use with an augmentative communicative device or preparing worksheets for use in group therapy sessions.
3. Updating the medical/health-related service goals and objectives of the IEP.
4. Travel to the direct service/therapy.

5. Paperwork associated with the delivery of the direct care service, as long as the student/client is not present. Such paperwork could include the preparation of progress notes, translation of session notes, or completion of billing activities.
6. Interpretation of the evaluation results and/or preparation of written evaluations, when student/client is not present. (Assessment services are billed for testing time when the student is present, for interpretation time when the student is not present, and for report writing when the student is not present.)

CODE 5.a. Transportation for Non-MEDICAID Services (All staff) - U

This code should be selected when school staff is assisting an individual to obtain transportation to services not covered by Medicaid, or accompanying the individual to services not covered by Medicaid. Include related paperwork, clerical activities or staff travel required to perform these activities.

General Examples:

1. Scheduling or arranging transportation for social, vocational, and/or educational programs.
2. Scheduling, arranging and/or providing transportation assist the client in accessing non-Medical services, such as grocery shopping, WIC appointment, housing, school, etc.

CODE 5.b. Transportation-Related Activities in support of Medicaid Covered Services – (All Staff) – PM/50 Percent FFP

This code should be selected by school staff assisting an individual to obtain transportation to services covered by Medicaid. This does not include the provision of the actual transportation service or the direct costs of the transportation (bus fare, taxi fare, etc.), but rather the administrative activities involved in providing transportation. Include related paperwork, clerical activities or staff travel required to perform these activities.

General Examples:

1. Scheduling or arranging transportation to Medicaid covered services. (Arranging for a taxi to take a student to the doctor; scheduling Medicaid Transportation to take a student to the doctor.)

CODE 6.a. Non-Medicaid Translation - U

School employees who provide translation services for non-Medicaid activities should use this code. Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples of activities reported under this code:

1. Arranging for or providing translation services (oral or signing services) that assist the individual to access and understand social, educational, and vocational services.
2. Arranging for or providing translation services (oral or signing services) that assist the individual to access and understand state education or state-mandated health screenings (e.g., vision, hearing, and scoliosis) and general health education outreach campaigns intended for the student population.
3. Developing translation materials and assist individuals to access and understand social, educational and vocational services.
4. Related paperwork, translation, clerical activities or staff travel required to assist the client in accessing non-Medicaid services, such as grocery shopping, WIC appointments, housing, school, etc.

CODE 6.b. Translation Related to Medicaid Services – TM/50 Percent FFP

Translation may be allowable as an administrative activity, if it is not included and paid for as part of a medical assistance service. However, translation must be provided either by separate units or separate employees performing solely translation functions for the school and it must facilitate access to Medicaid covered services. Please note that a school district does not need to have a separate administrative claiming unit for translation. School employees who provide Medicaid translation services should use this code. Include related paperwork, clerical activities or staff travel required to perform these activities.

General Examples:

1. Accompanying a child/family to the physician's office to translate from Spanish to English medically related information between the MD and the individual is Code 6.b.
2. Serving as a translator on how to access Medicaid services is Code 9. This includes alternative languages, Braille, sign languages, and translation due to illiteracy.

CODE 7.a. Program Planning, Policy Development, and Interagency Coordination Related to Non-Medical Services (All staff) - U

This code should be selected when school staff is performing activities associated with developing strategies to improve the coordination and delivery of non-medical services to school age children. Non-medical services may include social services, educational services, vocational services, and state or state education mandated child health screenings provided to the general school population. Employees whose position descriptions include program planning, policy development and interagency coordination may use this code. However, it is a state option whether or not the position descriptions need to be explicit with respect to these specific functions. Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples of activities reported under this code:

1. Identifying gaps or duplication of non-medical services (e.g., social, vocational educational and state mandated general health care programs) to school age children and developing strategies to improve the delivery and coordination of these services.
2. Developing strategies to assess or increase the capacity of non-medical school programs.
3. Monitoring the non-medical delivery systems in schools.
4. Developing procedures for tracking families' requests for assistance with non-medical services and the providers of such services.
5. Evaluating the need for non-medical services in relation to specific populations or geographic areas.
6. Analyzing non-medical data related to a specific program, population, or geographic area.
7. Working with other agencies providing non-medical services to improve the coordination and delivery of services and to improve collaboration around the early identification of non-medical problems.
8. Defining the relationship of each agency's non-medical services to one another.
9. Developing advisory or work groups of professionals to provide consultation and advice regarding the delivery of non-medical services and state-mandated health screenings to the school populations.
10. Developing non-medical referral sources.
11. Coordinating with interagency committees to identify, promote and develop non-medical services in the school system.

CODE 7.b. Program Planning, Policy Development, and Interagency Coordination Related to Medical Services (All Staff) – PM/50 Percent FFP

This code should be selected when school staff is performing activities associated with the development of strategies to improve the coordination and delivery of medical/dental/mental health services to school age children, and when performing collaborative activities with other agencies and/or providers. Employees whose position descriptions include program planning, policy development and interagency coordination may use this code. This code refers to activities such as planning and developing procedures to track requests for services. Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples of activities reported under this code:

1. Identifying gaps or duplication of medical/dental/mental services to school age children and developing strategies to improve the delivery and coordination of these services.
2. Developing strategies to assess or increase the capacity of school medical/dental/mental health programs.
3. Monitoring the medical/dental/mental health delivery systems in schools.
4. Developing procedures for tracking families' requests for assistance with medical/dental/mental services and providers, including Medicaid. (This does not include the actual tracking of requests for Medicaid services.)
5. Evaluating the need for medical/dental/mental services in relation to specific populations or geographic areas.
6. Analyzing Medicaid data related to a specific program, population, or geographic area.
7. Working with other agencies and/or providers that provide medical/dental/mental services to improve the coordination and delivery of services, to expand access to specific populations of Medicaid eligible, and to increase provider participation and improve provider relations.
8. Working with other agencies and/or providers to improve collaboration around the early identification of medical/dental/mental problems.
9. Developing strategies to assess or increase the cost effectiveness of school medical/dental/mental health programs.
10. Defining the relationship of each agency's Medicaid services to one another.
11. Working with Medicaid resources, such as the Medicaid agency and Medicaid managed care plans, to make good faith efforts to locate and develop EPSDT health services referral relationships.
12. Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of health care services to the school populations.
13. Working with the Medicaid agency to identify, recruit and promote the enrollment of potential Medicaid providers.
14. Developing medical referral sources such as directories of Medicaid providers and managed care plans, which will provide services to targeted population groups, e.g., EPSDT children.
15. Coordinating with interagency committees to identify, promote and develop EPSDT services in the school system.

CODE 8.a. Non-Medical/Non-Medicaid Related Training - U

This code should be selected when school staff are conducting, or participating in training events and seminars for outreach staff regarding the benefit of the programs other than the Medicaid program. For example, training may include how to assist families to access the services of education programs, and how to more effectively refer students for those services. Include related paperwork, clerical activities, or staff travel required to perform these activities.

Examples of activities reported under this code:

1. Participating in or coordinating training that improves the delivery of services for programs other than Medicaid.
2. Participating in or coordinating training that enhances IDEA child find programs.
3. In-service or staff meetings related to educational issues, such as curriculum, textbooks, standardized testing, or discipline.
4. Attend training regarding the provision of health education to students.

CODE 8.b. Medical/Medicaid Related Training – PM/50 Percent FFP

This code should be selected when school staff is coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefits of medical/Medicaid related services, how to assist families to access such services, and how to more effectively refer students for services. Include related paperwork, clerical activities, or staff travel required to perform these activities.

Examples of activities reported under this code:

1. Participating in or coordinating training that improves the delivery of medical/Medicaid related services.
2. Participating in or coordinating training that enhances early identification, intervention, screening and referral of students with special health needs to such services (e.g., Medicaid EPSDT services). (This is distinguished from IDEA child find programs.)
3. Participating in training on administrative requirements related to medical/Medicaid services.
4. Attending training specifically related to the provision of direct care client services such as regarding the administration of inhalation therapy for asthmatic students. Training and/or supervising staff in the performance of delegated nursing tasks (for example, a Registered Nurse training staff to perform tube feeding, monitoring of medication administration or other delegated nursing task).

CODE 9.a. Referral, Coordination, and Monitoring of Non-Medicaid Services (All Staff) – U

This code should be selected when school staff is making referrals for, coordinating, and/or monitoring the delivery of non-Medicaid, such as educational services. Include related detailed and specific paperwork, clerical activities or staff travel required to perform these activities.

1. Making referrals for and coordinating access to social and educational services such as child care, employment, job training, and housing.
2. Making referrals for, coordinating, and/or monitoring the delivery of state education agency mandated child health screens (e.g., vision, hearing, and scoliosis).
3. Making referrals for, coordinating, and monitoring the delivery of scholastic, vocational, and other non-health related examinations.
4. Gathering any information that may be required in advance of these non-Medicaid related referrals.
5. Participating in a meeting/discussion to coordinate or review a student's need for scholastic, vocational, and non-health related services not covered by Medicaid.
6. Monitoring and evaluating the non-medical components of the individualized plan as appropriate.

CODE 9.b. Referral, Coordination, and Monitoring of Medicaid Services (All Staff) – PM/50 Percent FFP

This code should be selected when School staff is making referrals for, coordinating, and/or monitoring the delivery of medical (Medicaid covered) services. Referral, coordination and monitoring activities related to

services in an IEP are reported in this code. Activities that are part of a direct service are not claimable as an administrative activity. Furthermore, activities that are an integral part of or an extension of a medical service (e.g., patient follow-up, patient assessment, patient counseling, patient education, patient consultation, billing activities) should be reported under Code 4.b., Direct Medical Services- Covered as IDEA/IEP Service.

Note: This code should not be used if you are providing a direct service. Activities related to the development of an IEP should be reported under Code 3, School Related and Educational Activities. Include related detailed and specific paperwork, clerical activities, or staff travel necessary to perform these activities.

Examples of activities reported under this code:

1. Making referrals for and/or coordinating medical or physical examinations and necessary medical/dental/mental health evaluations.
2. Making referrals for and/or scheduling EPSDT screens, interperiodic screens, and appropriate immunization, but NOT to include the state-mandated health services.
3. Referring students for necessary medical health, mental health, or substance abuse services covered by Medicaid.
4. Arranging for any Medicaid covered medical/dental/mental health diagnostic or treatment services that may be required as the result of a specifically identified medical/dental/mental health condition.
5. Gathering any information that may be required in advance of medical/dental/mental health referrals.
6. Participating in a meeting/discussion to coordinate or review a student's needs for health-related services covered by Medicaid (if a student is already receiving services and discussion is about ongoing medical services use Code 4.b.).
7. Provide follow-up contact to ensure that a child has received the prescribed medical/dental/mental health services covered by Medicaid and to provide feedback as to whether further treatment or modification of existing treatment are required (the person doing the follow up is not directly involved in the direct service).
8. Coordinating the delivery of community based medical/dental/mental health services for a child with special/severe health care needs.
9. Coordinating the completion of the prescribed services, termination of services, and the referral of the child to other Medicaid service providers as may be required to provide continuity of care.
10. Providing information to other staff on the child's related medical/dental/mental health services and plans.
11. Monitoring and evaluating the Medicaid service components of the IEP as appropriate.
12. Coordinating medical/dental/mental health service provision with managed care plans as appropriate.

CODE 10 General Administration - R

This code should be selected when school staff is engaged in general administrative activities. This code will be used by all personnel when on break or any form of paid leave. Include related paperwork, clerical activities, or staff travel required to perform these activities. Note that certain functions, such as payroll, maintaining inventories, developing budgets, executive direction, etc., are considered overhead and, therefore, are only allowable through the application of an approved indirect cost rate. Below are typical examples of general administrative activities, but they are not all inclusive.

Examples of activities reported under this code:

1. Training (not related to curriculum or instruction).
2. Reviewing school or district procedures and rules.
3. Completing time study observation form.
4. Taking breaks, lunch, leave, or other paid time not at work.
5. Establishing goals and objectives of health-related programs as part of the school's annual or multi-year plan.
6. Attending or facilitating school or unit staff meetings, training, or board meetings.
7. Performing administrative or clerical activities related to general building or district functions or operations.
8. Providing general supervision of staff, including supervision of student teachers or classroom volunteers, and evaluation of employee performance.
9. Reviewing technical literature and research articles.
10. Other general administrative activities of a similar nature as listed above that cannot be specifically identified under other activity codes.

CODE 11 Non Paid, Non Work - U

Non-paid time/non-work time is time during the school work day for which a participant in the time study is not working AND is not being compensated. **This code should be used rarely.**

Examples of activities reported under this code:

1. Part-time/Contracted staff whose sampled moment occurs during non-scheduled work hours.
2. Staff member takes an unpaid day off during the sampled moment
3. Non-paid sick time.
4. Non-paid leaves of absence.
5. No longer employed by the program

MEMORANDUM OF UNDERSTANDING
By and between the
Kentucky Department of Education
and the
Department for Medicaid Services
Cabinet for Health and Family Services

THIS MEMORANDUM OF UNDERSTANDING, made and entered into on the 1st day of January, 2004, between the Kentucky Department of Education, hereinafter referred to as KDE, and the Department for Medicaid Services, Cabinet for Health and Family Services, hereinafter referred to as DMS.

WITNESSETH, THAT:

WHEREAS, the 2003 Kentucky General Assembly through enactment of HB 269 authorized the Kentucky Department of Education to implement a strategy to maximize federal Title XIX Medicaid funding for Medicaid eligible administrative functions provided by the local school districts; and

WHEREAS, the School Based Administrative Claiming Program (SBAC) will provide a method of federal reimbursement for eligible Title XIX Medicaid outreach and administrative services performed by school districts for children determined to be "at risk" of needing health related services. Eligible administrative functions are primarily to locate, identify, and refer Medicaid eligible children needing health related services, to assist families accessing Medicaid services through education, public awareness, and seeking appropriate providers of health care services; and

WHEREAS, KDE has entered into an agreement with a contractor (hereinafter referred to as The Contractor) to develop a detailed methodology to identify the reimbursable activities of school districts and determine and administer the process for calculating and collecting allowable claims for reimbursement of Medicaid administrative and outreach activities;

WHEREAS, DMS has been designated the single state agency, as provided by 42 USC 1396 (a) (5), for administration of the Medical Assistance Program as provided by Title XIX of the Social Security Act, and

WHEREAS, DMS is responsible for insuring the quality and cost effectiveness of the Medicaid program in Kentucky; and

WHEREAS, DMS has determined a need to facilitate Title XIX reimbursement of school districts for eligible Medicaid Title XIX administrative functions;

NOW, THEREFORE, it is mutually agreed between the Kentucky Department of Education and the Department for Medicaid Services that:

- I. The Kentucky Department of Education (directly and/or through The Contractor) shall:
 - A. Designate a single point of contact for the School Based Administrative Claiming (SBAC) program that is a KDE employee.
 - B. Enter into participation agreements with the school districts that desire to participate in the SBAC program. The minimum requirements for these agreements are as follows:

Every school district must:

1. Identify a coordinator to serve as single point of contact for all communication between KDE and the district.

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2. Ensure access by KDE, DMS, and Centers for Medicare and Medicaid Services (CMS) to all documentation necessary to review and audit administrative claims.
 3. Submit to KDE the list of staff who will be part of the sample universe.
 4. Have relevant staff complete the required training before participating in the SBAC program and attend ongoing training as required.
 5. Prepare quarterly cost data reports.
 6. Certify quarterly that it has made expenditures for Title XIX administrative services eligible for federal matching.
- C. Develop a sampling methodology for approval by DMS and CMS.
- D. Provide appropriate training materials and initial and ongoing training for school districts in the use of CMS approved sampling methodology and financial reporting.
- E. Prepare claims for submittal to DMS in accordance with the methodology that has been approved by CMS for computation of the claim.
- F. Act as payment agent for the school districts for SBAC reimbursement.
- G. Act as primary contact for school districts for technical assistance, correspondence, and inquiries.
- H. Assume responsibility for the reimbursement of the KDE and the school districts' portion of federal funds identified in any overpayment, recoupment, or audit exception for the claiming period in question.
- I. Monitor The Contractor and school district performance for consistency with the approved SBAC implementation plan, claiming methodology, and compliance with applicable state and federal laws and regulations.
- J. Abide by and require school districts and The Contractor to abide by the statutes and regulations regarding confidentiality of personal medical records as mandated by the Health Insurance Portability and Accountability Act (42 ISC 1320d) and set forth in federal regulations at 45 CFR Parts 160 and 164. Any subcontract entered into by the school district as the result of this agreement shall mandate that the subcontractor is required to abide by the same statutes and regulations regarding confidentiality of personal medical records as is the school district.
- K. Provide DMS school district enrollment data to facilitate determination of school districts' Medicaid eligibility rates.
- II. The Department for Medicaid Services shall:
- A. File with the Centers for Medicare and Medicaid Services (CMS) a cost allocation plan related to Medicaid school based administrative claiming activities provided by school districts.
 - B. File with CMS an implementation plan for school based administrative claiming.